

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16573

State File No. _____

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>570</u>		Registrar's No. <u>1072</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Pine Lawn</u>		c. LENGTH OF STAY (In this place) <u>15 Yrs</u>		c. CITY OR TOWN <u>Pine Lawn</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4428 Rosewood Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>4428 Rosewood Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Nellie</u>		a. (First) <u>Ann</u>		b. (Middle) <u>Owens</u>		c. (Last) <u>Owens</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/15/1887</u>	
9. AGE (In years last birthday) <u>65</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chotiella, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Don Wilcox</u>		13b. MOTHER'S MAIDEN NAME <u>Lilley Scheider</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas J Owens Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bythel Owens</u> ADDRESS <u>6509 Lechen</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular</u> INTERVAL BETWEEN ONSET AND DEATH <u>over 5 yr</u> ANTECEDENT CAUSES DUE TO (b) <u>Renal Disease</u> DUE TO (c) <u>Congestive Heart Failure</u> DUE TO (c) <u>Renal failure</u> 3 da 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12 Feb</u> , 19 <u>51</u> , to <u>12 Apr</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12 Apr</u> , 19 <u>53</u> , and that death occurred at <u>8:10p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William W. Hall, M.D.</u>		(Degree or title)		23b. ADDRESS <u>2580 Florissant Rd</u>		23c. DATE SIGNED <u>14 Apr 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dunk-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dos. W. Clark 1125 Hodiament Ave.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4408

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.